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PTO/SB/01 (10-00)

Approved for use through 10/31/2002, OMB 0651-0032
U.S. Petent and Tradement Office; U.S. DEPARTMENT OF COMMERCE Please type a plus sign (+) inside this box [-Under the Paparwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. JJM5023USPCT Attorney Docket Number DECLARATION AND Breda Mary Cullen First Named Inventor POWER OF ATTORNEY COMPLETE IF KNOWN FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) Application Number □ Dectaration Submitted with □ Dectaration Submitted after **Filing Date** Initial Filing (Surcharge · OR Initial Filing (37 CFR 1.16(e)) required) Group Art Unit Examiner Name As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: WOUND DRESSINGS FOR THE CONTROLLED RELEASE OF THERAPEUTIC AGENTS (Title of the Invention) the specification of which is attached hereto OR was filed on (MM/DD/YYYY) 11/18/2004 as United States Application Number or PCT International Application Number PCT/GB2004/004874 and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a fling date before that of the application on which priority is claimed. Certified Copy Priority Foreign Filing Date Prior Foreign Attached? **Not Claimed** (MW/DD/YYY) Application Country YES Number(s) 11/24/2003 0327326.5 GB Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION - Utility or Design Patent Application						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the refional or PCT international filing date of this application: Application Serial No. Filing Date Patented						
		Patented Patented				
I hereby appoint: Practitioners at Customer Number AND	Place Customer Number Bar Code Label Here					
Practitioner(s) named below: Name Registration Number						
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Address all telephone calls to Bloscom E. Loo at telephone number (732) 524-1596.						
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:	A petition has been filed for this unsigned inventor				
Given Name (first and middle [ff any]) Breda Mary	Family Name or Sumame Cullen				
Inventor's Signature Augle Culle			Date /	5/11/05.	
Residence: City Skipton	State	Cou	intry GB	CitizenshipGB	
Mailing Address 7 Consort Street					
City Skipton	State		BD23 1HR	Country GB	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SECOND INVENTOR:	A petition has been filed for this unsigned inventor				
Given Name (first and middle (if anyl) Sara Jayne Family Name or Surname Gregory					
Inventor's ETYPOUU Date 8/11/CT					
Residence: City West Yorkshire	State	Co	untry GB	CitizenshipGB	
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